

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>10/632,861</i>	Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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47							97					
48							98					
49							99					
50							100					
Total Indep	21						Total Indep					
Total Depend	21						Total Depend					
Total Claims	13						Total Claims					

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